

City of Greenfield
The Commonwealth of Massachusetts
Planning Board

APPLICATION FOR SPECIAL PERMIT

Name of Applicant: _____ Mailing Address: _____

Phone Number: _____ Name of Agent if not the Applicant: _____

Mailing Address of Agent: _____ Phone Number: _____

Location of Project (Street Number & Name): _____

Zoning District property is located in:

Name and Mailing Address of PROPERTY OWNER if not the applicant:

Applicant is (Circle One): Agent, Owner, Tenant, Licensee, Prospective Purchaser, Other

Application is hereby made for a Special Permit as under Section(s) _____ of the
Zoning Ordinance in order to:

Property Deed recorded under Book _____ Page _____

Has there been a previous variance, special permit, and/or site plan requested for this property (confirm with
the City Clerk's records)? _____ If yes, what was the date of the decision?

The following information must be submitted to the Planning Department to consider the application
complete:

___ 1 original application form filled out in entirety

___ 12 copies of the proposed plans

___ 1 copy of a certified list of abutters within 300' of the subject property obtained through the City's
public records request portal Next Request: <https://greenfield.nextrequest.com/>

___ A notarized statement from the property owner authorizing action by the applicant

___ A check made payable to “City of Greenfield” as indicated in the Fee Schedule

___ A completed “Site Plan Submittal Checklist”

I hereby request a hearing before the Planning Board with reference to the above noted application.

Signed: _____

Title: _____

Signed: _____

Title: _____

Received by City Clerk:

Date: _____

Time: _____

Signature: _____

Filing Fee Received: _____

Office use only:

Map & Lot Number: _____ Book & Page Number _____